

The Roosevelt Hospital Annual Report 1978



ROOSEVELT
HOSPITAL
HOSPITAL





The Roosevelt Hospital



428 West 59 Street, New York, N.Y. 10019 212/554-7000

Dear Friends:

Nineteen hundred seventy-eight was, for The Roosevelt Hospital, a landmark year in many respects. In May, the Board of Trustees, together with the St. Luke's Hospital Board of Trustees, voted to merge the two hospitals if feasibility studies to be conducted proved that such a merger was both feasible and desirable. Merger studies were conducted throughout the year and it is planned that the hospitals will merge on a formal basis in the fall of 1979.

A second major event was the launching of a fund drive to modernize the Emergency Room of Roosevelt Hospital. The Board of Trustees authorized a complete refurbishing of the department which had become wholly inadequate to handle the volume of 50,000 visits a year. The goal set for fund-raising is \$2 million.

The hospital continues to be in difficult financial circumstances although 1978 was a far better year than we have had in the recent past. The Trustees have taken an active role in the management of the hospital, including the formation of a special management advisory council which assists management in handling the complicated financial and cash flow problems of the hospital.

I cannot send this message without expressing my gratitude for the guidance and support I've received from my colleagues on the Board and for the fine cooperation tendered to me by the entire hospital staff.

To our valued benefactors, I extend my sincere thanks. Their generosity enables us to continue to offer high quality care to the citizens of New York, as we have been doing for more than 100 years.

Sincerely,

DeWitt Peterkin, Jr.

DeWitt Peterkin, Jr.
President

Report for the year 1978

The primary need of a patient when admitted to The Roosevelt Hospital is prompt and professional attention. From the moment of admission until discharge, the patient's concern is with the quality of the care that will be administered.

Similarly, when the hospital's staff meets a newly admitted patient, its primary interest is in treating the patient with all of the expertise at the hospital's disposal. The professional care must be uncompromising. There can be no such thing as a partial procedure, there is only quality care.

In a dynamic field like medicine, there are always ongoing demands for the most modern treatment, equipment and facilities to provide such care.

Understandably, both patient and medical staff share this common goal, but without sound management for a foundation, the ultimate success of the hospital's efforts may be impaired. The patient sees doctors, nurses, technicians, equipment without realizing what this costs. It is difficult to imagine a patient in pain caring what it costs to equip and staff a modern operating room, or a convalescent inquiring how much the hospital paid for the heating oil that helps to keep his room comfortable.

The question for Roosevelt and every other voluntary hospital is, how

to deliver first class up-to-the-minute medical care without spending more than it receives. There are signs everywhere that many hospitals haven't been able to meet this challenge. Readers of New York City newspapers are aware that more than a dozen local hospitals have shut down this year.

Hospitals must first survive economically. They must do so in the face of unrelenting State and Federal pressure to reduce services, cut costs and lower payments for publicly-funded programs. At the same time, hospitals face an equally unrelenting pressure for more ambulatory services, more special services and new and improved equipment that is the product of the burgeoning medical technology.

Roosevelt has attacked this problem in a number of ways. Beginning in 1976 and continuing throughout 1977 and 1978, the hospital has engaged in a massive cost cutting program. This has been so successful that the annual cost increases at Roosevelt Hospital have never risen above 5% since 1976.

In 1978, claims against Medicare for services rendered in years previous were finally resolved which resulted in a \$2.5 million payment to the hospital, \$1.5 million in liquidation claims and \$1 million in cash. This came as the result of intensive behind-the-scenes effort on the part of the Financial Management of the institution and made it possible for the hospital to continue to

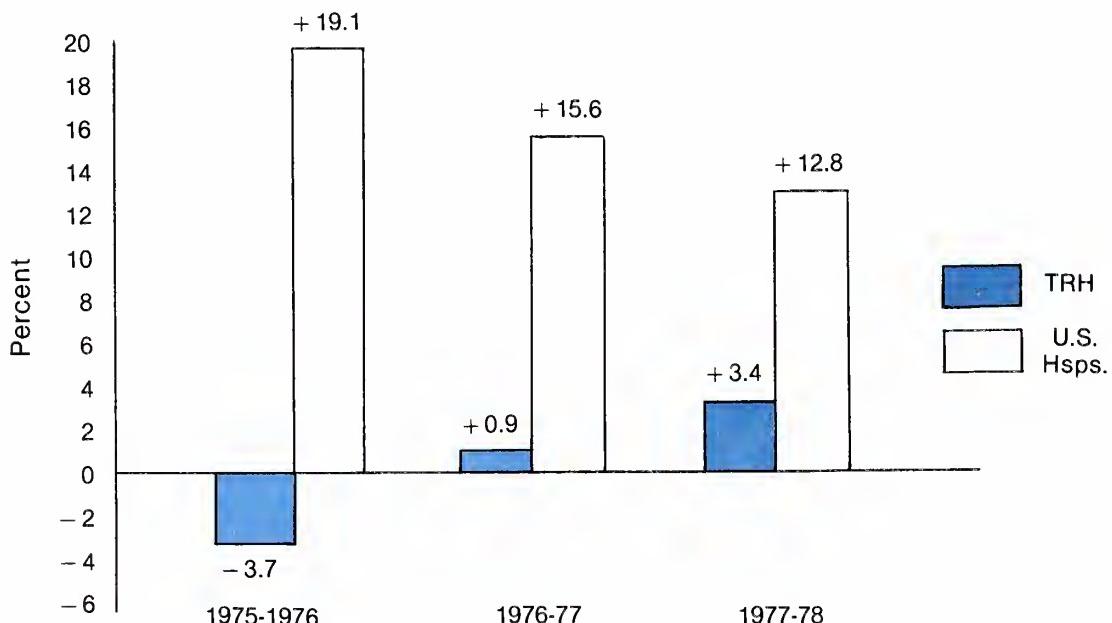
serve its patients.

The Roosevelt Hospital Board set up a structure to provide modern medical care and did it with modern management methods.

The Gift Shop and the Admitting Offices were moved to new locations and completely refurbished. An Evening Walk-In Clinic was also opened during 1978. The usefulness of this facility was quickly demonstrated by the number of people who took advantage of this non-emergency clinic, to which it was possible to come at the end of the work day.

Early in 1978, the Trustees of Roosevelt Hospital and the Trustees of St. Lukes Hospital voted to study the feasibility of merging the two hospitals. The financial and patient care advantages to both hospitals appeared to be so great that this move seemed to be one way not only of assuring the successful future of both institutions but of offering better and more efficient health service to the New York community. The management of Roosevelt and the Trustees of Roosevelt devoted much of their time in 1978 to conducting feasibility studies, and there is little doubt that the merger of the two institutions, now projected for September, 1979, will give the institutions an opportunity to resolve the dilemma caused by rising expectations on the part of patients and Government's unwillingness to finance increasing

Change from Previous Year in Total Operating Expenses of The Roosevelt Hospital Compared to that of United States Hospitals



health care costs.

Equally important at Roosevelt was to do something on a more immediate basis in order to improve the physical plant, to do something which would have the effect of convincing employees, the medical staff and the constituents of Roosevelt Hospital that the hospital was prepared to rejuvenate itself and to do something which would attract patients to the institution.

The Emergency Room was an obvious place to start. Approximately 25% of the hospital's patients enter through the Emergency Room and to our community and to the public at large it is the most visible part of the institution. While the care rendered in the hospital's Emergency Room is outstanding, the physical plant is crowded, waiting times long, and the amenities not satisfactory. In June 1978, Management convened an interdisciplinary committee which included members of the community, the Board of Trustees, and the Professional Staff and employees to discuss the problems of the Emergency Room Service and to formulate a proposal for action. The result of this was a recommendation to the Hospital Board of Trustees in September that it authorize a construction project to refurbish and expand the Emergency Room. At the same time, additional space would be made available for medical records in the basement beneath the present Emergency Room.

The planning process and the plan itself has been greeted with great enthusiasm by all the Roosevelt family. The enthusiasm has been so great that before the Fund Raising Campaign could even begin in May of 1979, more than \$600,000 had been raised out of the \$2 million goal.

With all of this activity, the hospital continued to operate. It is in many respects a small city. Ten thousand people a day enter and leave the Ninth Avenue entrance of the building. 18,000 patients a year are admitted as inpatients, 10,000 ambulance calls are answered, one million laboratory tests a year are done and 335,000 prescriptions are filled. More than 2,500 employees, physicians and house staff work here. Union contracts are negotiated, third party reimbursement contracts are negotiated, all with the single thought of providing the wherewithal to treat our patients in as economical a manner as possible and to meet our financial obligations.

What of the future? St. Luke's and Roosevelt will sit like giant pillars at each end of the West Side community. Their service areas extend from 34th Street on the south to 134th Street on the north, from Fifth Avenue on the east to the Hudson River on the west. The patients they serve comprise every conceivable demographic element in our City and the opportunity for cooperative programs is enormous. The first

such program will be inpatient pediatrics which will be combined at one site or the other, and other clinical programs will follow. Ambulatory care programs will continue at both sites, but the opportunities for innovative ambulatory care programs offsite are significant. Traditional management functions in the areas of finance, purchasing, and computers will be greatly streamlined and their cost reduced through combination. Clinical support programs such as clinical laboratories will be centralized where possible. Each site will continue to function and continue to serve many of the same patients that it already serves. Neither site will be developed at the expense of the other. Meanwhile, Roosevelt will continue to grow. The new Emergency Room now being actively planned will symbolize this growth and gradually the other areas in need of renovation and modernization will follow, including radiology, the inpatient areas in buildings other than Winston, and the ambulatory care facilities.

The hospital has learned much during its recent struggles. Perhaps none of it is more important than the lesson that clinical excellence must be accompanied hand-in-hand by management excellence and deep community and Trustee involvement if an institution is to make the critical choices it must make and survive.



Midwifery

This year marks the fifth year of The Roosevelt Hospital Private Midwifery Program. This unique program, initiated by The Roosevelt Hospital in response to the growing consumer demand for more personalized maternity care, has attracted over 1000 families to date. The program is staffed by five Certified Nurse-Midwives who work in consultation with members of the attending staff of the Obstetric and Gynecology Service of the Roosevelt Hospital. The Nurse-Midwives provide care throughout the maternity cycle to a group of low-risk women who are anticipating a normal birth. Last year the Midwifery Program delivered 265 babies, including five sets of twins.

In February 1978, the Midwifery Program opened The Roosevelt Hospital Birthing Room, one of the first of its kind in New York. The Birthing Room provides a home-like atmosphere and comfortable furnishings, as well as convenient access to emergency equipment and obstetrical facilities. The purpose of the Birthing Room is to provide a family-

centered approach to the birth experience without compromising the high quality of obstetrical care offered in a traditional labor and delivery setting. Here a mother expecting a normal birth and attended by a midwife can have her baby in quiet surroundings and with her husband present.

Other innovations of the Midwifery Program include: 24 hour rooming-in; sibling visitation, whereby children may visit the mother and newborn while in the hospital; early discharge; and the expansion of parent education programs to include post-partum parent groups.

In addition to the private practice, the five Nurse-Midwives continue to provide care to the clinic population in conjunction with the Resident staff, and remain clinical instructors for the Nurse-Midwifery and medical students affiliated with Columbia University. The pioneering work by The Roosevelt Hospital in midwifery has been recognized for many years as among the most outstanding in the nation.



Orthopedics

While Roosevelt Hospital draws over 80 % of its patients from the immediate community, the Orthopedic service gets half of its patients from outside the area. The number of outpatients coming to the Orthopedic service continues to increase as has the number of procedures performed each year. As recently as five years ago, the Orthopedic service logged 850 procedures while the number for 1978 stands at 1,350. During the period there has been a significant increase in the number of total joint replacements.

One reason for the increased number of Orthopedic patients is the reputation that the Orthopedic service has earned over the years. A reputation, for example, among the ballet corps at the New York Ballet Company which calls Lincoln Center home. Not only does the hospital take care of the Balanchine Corps de Ballet, but dancers come to The

Roosevelt Hospital Orthopedic service from all over the country.

The reputation of Roosevelt's Orthopedic training program attracts not only doctors who come to The Roosevelt Hospital for training in General Surgery including the Trauma Service, but also medical students from many universities. Residents from Roosevelt's general surgical program go to the New York Orthopedic Hospital and the Hospital for Special Surgery, two of the most highly regarded facilities of their kind. Other top hospitals around the U.S. seek graduates of The Roosevelt Hospital's Surgical program, which can be considered a tribute to the teaching staff and the high calibre of the surgical house staff. This staff not only teaches at The Roosevelt Hospital but in addition serves on the teaching staff at Columbia-Presbyterian Hospital.



Hand Surgery

In a widely read article appearing in the Reader's Digest, reference was made to "the world famed Hand Service" of The Roosevelt Hospital. Since it was founded in 1950, making it the oldest hand surgery service in the U.S., the department's reputation has grown nationwide.

Attention is understandably focused on hand surgery because of the mandatory use of the hand in daily living. More than one-fourth of all the body's bones are found in the hand. The concentration of nerve endings in the hands, more than in any other part of the body, allows the enjoyment and the utilization of a wide range of sensations. The mechanical capabilities of the hands are involved in virtually every aspect of work and play.

Hand surgery is extremely complex especially when one considers the complicated arrangements of bones, muscles, veins and arteries and nerve ends contained within this small area. Such surgery is considered "creative", since very few problems are identical and each procedure must be considered anew. This requires that the skilled hand specialist

must be part plastic surgeon, part orthopedist, part neurosurgeon and part vascular specialist.

To assist the Roosevelt hand surgeons, an operating microscope has been acquired for use in miniature surgery, never before possible.

The equipment, the range of cases—600-700 surgical procedures per year—and the reputation of the service has made Roosevelt the place to take advanced training in hand surgery. There are always two full-time hand fellows in residence as well as two visiting residents and a general surgical resident in training. For a fellow to come to Roosevelt's Hand Surgery service means taking one year away from his regular practice, a substantial sacrifice for any professional.

For those doctors and students who cannot come in person to train at Roosevelt, a grant from the Educational Foundation of America has funded the production of 15 video-tape training films. This well known service has also published more than 40 books on various aspects of hand surgery.



Alcoholism

Alcohol problems have been steadily increasing. The statistics that accompany the mis-use of alcohol are staggering; 50% of all traffic fatalities, several million institutionalized and millions more seriously impaired in their daily pursuits. Moreover the damaging effects of alcoholism go beyond the individual and extend to family and co-workers.

Less than one out of every five of those with a drinking problem has sought help for it.

For 20 years, Roosevelt was the only New York City voluntary hospital that would admit a patient whose diagnosis was alcoholism.

In 1968 Roosevelt Hospital formally instituted a small inpatient and outpatient service with a specialty in treating this disease. This was accomplished by a grant from R. Brinkley Smithers.

Again, in 1971, a Smithers grant made it possible for the hospital to begin additional programs to rehabilitate and treat alcoholics and to train medical professionals. Prior to this, few hospitals in the U.S. had any special service for this disease. In medical circles, it was not fully recognized, and certainly not widely studied or even discussed. Roosevelt's program has been one of the major forces in helping to change that picture.

In 1973 Roosevelt Hospital was able to expand its service and opened the first New York City inpatient alcoholism rehabilitation center located in a large townhouse on East 93rd Street. The Smithers Center Rehabilitation Unit has facilities for 44 men and women who come there for the four week program of treatment. In addition, the Roosevelt-Smithers program includes inpatient detoxification treatment, a Day Center, an outpatient treatment facility, a community outreach service and numerous research projects.

Since its inception, the Smithers Center has attracted many doctors and other health care professionals. Some come to Smithers under a Federal grant which allows them to study the disease and its treatment in small classes. Others come to Smithers as patients because they have heard of its reputation for success in treating doctors who are themselves impaired because of alcoholism.



Psychiatry

The psychiatry service at The Roosevelt Hospital is utilized by a cross section of New Yorkers. They live in walkups near the river to high rises on Central Park. They work in glass corporate headquarters, department stores, shops and theaters that extend from Times Square to the upper west side.

It would be difficult to imagine a broader sample of people or problems. To serve a community with such diversity, the Psychiatric unit has developed a philosophy of treatment that is attuned to the wide variety of needs of its neighbors.

This treatment philosophy of the Psychiatry service emphasizes relevance. It has enabled Roosevelt to treat nearly 25% more patients than it did a few years ago. Relevance means that the staff give patients what they need, by dealing with a specific problem as it touches the patient's home life or working ability. Although the roots of the problem may lie tangled and hidden beneath years of aberrant behavior, the staff of the Psychiatry service does not waste time attempting a complete historical reconstruction of the problem. The emphasis is placed on enabling the patient to deal successfully with the problem.

Certainly advances and new techniques have also played a part in the treatment of Roosevelt's psychiatric patients. The use, for example, of group therapy, has resulted in a high degree of success in relatively short periods of time. The efficiency of these 7-8 patient groups provide faster turnover and more patients can be accommodated.

The service will attempt to help anyone who walks into the Psychiatric clinic. The service also offers two distinctively new programs in the treatment of sexual dysfunctions and the treatment of phobias.

Additionally, The Roosevelt Hospital's Psychiatric service has organized and administers four Outreach teams who treat patients in their home environments. Each team consists of two psychiatric nurses, two social workers, one alcoholism counselor and a part-time psychiatrist. The Outreach team is a commitment from Roosevelt to the community. It deals with, and tries to find a workable answer to whatever problem is besetting a patient, who is unable for a variety of reasons, to reach the hospital.

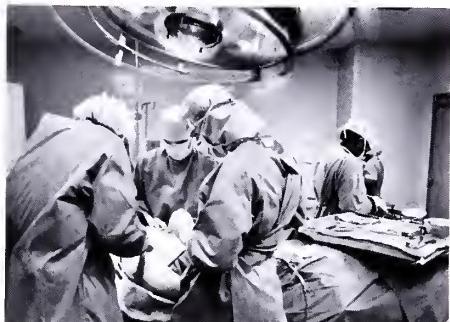


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Department of Pediatrics	Louis Z. Cooper, M.D.
Department of Medicine	A. Gregory Jameson, M.D. (Acting)
Alcoholism Service	LeClair Bissell, M.D.
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**THE ROOSEVELT HOSPITAL
AND
ROOSEVELT HOSPITAL STAFF HOUSING CO., INC.
COMBINED BALANCE SHEETS, DECEMBER 31, 1978 AND 1977**

ASSETS	1978	1977
UNRESTRICTED FUNDS		
Current Assets:		
Cash	\$ 226,870	\$ 672,253
Accounts receivable (less allowance for doubtful accounts— 1978, \$3,809,801; 1977, \$2,813,897)	15,064,582	8,663,573
Investments in securities—at market value which approximates cost	92,039	85,138
Inventories	600,209	541,419
Prepaid expenses and other current assets	641,935	384,270
Total Current Assets	<u>16,625,635</u>	10,346,653
Property, Plant and Equipment —Less accumulated depreciation	37,917,845	39,306,750
Deferred Reimbursement —Malpractice self-insurance	540,000	560,000
 Total Unrestricted Assets	 <u>\$55,083,480</u>	 <u>\$50,213,403</u>
RESTRICTED FUNDS		
Specific Purpose Funds:		
Cash	\$ 897,869	\$ 502,227
Investments in securities—at market value which approximates cost	1,781,843	3,441,420
Due from unrestricted funds	1,225,823	180,227
Other receivables	4,852	44,263
 Total Specific Purpose Funds	 <u>\$ 3,910,387</u>	 <u>\$ 4,168,137</u>
Brinkley Smithers Alcoholism Program Fund:		
Cash	\$ 30,123	\$ 26,448
Investments in securities—at market value (cost or contributed value—1978, \$1,972,865; 1977, \$1,943,963) (Note 1.)	1,724,815	1,558,413
 Total Brinkley Smithers Alcoholism Program Fund	 <u>\$ 1,754,938</u>	 <u>\$ 1,584,861</u>
Endowment Funds:		
Cash	\$ 114,425	\$ 132,689
Investments in securities—at market value (cost or contributed value—1978, \$4,747,827; 1977, \$4,475,570)	5,079,307	4,940,452
Due from unrestricted funds	_____ _____ 191,422	_____ _____ 191,422
 Total Endowment Funds	 <u>\$ 5,193,732</u>	 <u>\$ 5,264,563</u>

See Notes to Combined Financial Statements.

LIABILITIES AND FUND BALANCES	1978	1977
UNRESTRICTED FUNDS		
Current Liabilities:		
Accounts payable	\$11,854,946	\$ 7,351,870
Accrued salaries	668,811	511,297
Advances		500,000
Notes payable to bank	1,250,000	800,000
Current portion of bonds and mortgage notes payable	243,995	201,420
Current portion of liability for estimated malpractice claims	1,040,000	395,000
Due to restricted funds—net	884,955	349,931
Total current liabilities	15,942,707	10,109,518
Liability for Estimated Malpractice Claims	1,380,000	1,624,475
Bonds and Mortgage Notes Payable	18,737,651	18,956,181
Fund Balances:		
Board-designated fund balance	250,471	
Accumulated general fund balance (deficit)	(163,549)	(625,920)
Net investment in property, plant and equipment	18,936,200	20,149,149
Total fund balances	19,023,122	19,523,229
Total Unrestricted Liabilities and Fund Balances	\$55,083,480	\$50,213,403
RESTRICTED FUNDS		
Specific Purpose Funds:		
Advances from governmental agencies	\$ 3,457	\$ 5,960
Fund balances (including fund for estimated malpractice claims—1978, \$548,000; 1977, \$500,000)	3,906,930	4,162,177
Total Specific Purpose Funds	\$ 3,910,387	\$ 4,168,137
Brinkley Smithers Alcoholism Program Fund:		
Due to unrestricted funds	\$ 98,819	\$ 21,718
Fund balance	1,656,119	1,563,143
Total Brinkley Smithers Alcoholism Program Fund	\$ 1,754,938	\$ 1,584,861
Endowment Funds:		
Due to unrestricted funds	\$ 242,049	
Fund balances	4,951,683	\$5,264,563
Total Endowment Funds	\$ 5,193,732	\$ 5,264,563

**THE ROOSEVELT HOSPITAL
AND
ROOSEVELT HOSPITAL STAFF HOUSING CO., INC.**

**STATEMENTS OF COMBINED REVENUES AND EXPENSES
FOR THE YEARS ENDED DECEMBER 31, 1978 AND 1977**

	1978	1977
Operating Revenues:		
Care of patients	\$81,411,374	\$72,317,046
Less allowances and uncollectible amounts (after deduction of related subsidies—1978, \$419,535; 1977, \$439,743)	<u>27,035,812</u>	<u>20,773,870</u>
Care of patients—net	54,375,562	51,543,176
Other services	819,241	813,650
Specific purpose and other funds currently applied	<u>3,802,328</u>	<u>3,686,920</u>
Total operating revenues	<u>58,997,131</u>	<u>56,043,746</u>
Operating Expenses:		
Salaries and wages	37,298,280	35,471,533
Employee benefits	6,575,939	6,251,685
Supplies and other expenses	15,427,238	15,492,601
Depreciation	1,518,504	1,624,424
Interest	<u>750,687</u>	<u>428,874</u>
Total operating expenses	<u>61,570,648</u>	<u>59,269,117</u>
Loss from Hospital Operations	(2,573,517)	(3,225,371)
Loss from Staff Housing Operation	(243,291)	(712,315)
Loss from Operations	(2,816,808)	(3,937,686)
Non-Operating Revenues:		
Contributions and bequests	1,276,127	818,847
Investment income	<u>366,320</u>	<u>337,384</u>
Total non-operating revenues	<u>1,642,447</u>	<u>1,156,231</u>
Excess of Expenses over Revenues	\$ (1,174,361)	\$ (2,781,455)

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Vital Statistics/1978

Inpatient days	164,724
Patients admitted	18,395
Births	2,195
Emergency room visits	49,345
Outpatient visits	178,949
Alcoholism Rehab days	15,681
Operations performed	9,121
Laboratory tests	1,742,759
Physical therapy treatments	58,742
EKG Examinations	24,567
EEG Examinations	953
Nuclear radiology	2,800
Diagnostic Xray procedures	97,739
Radio Isotope procedures	16,961
Radiation therapy procedures	6,315
Prescriptions filled	335,464
Meals served	496,097
Ambulance calls	10,214
Home care visits	8,814
Percentage of Occupancy	83 %
Average length of stay days (adult & ped's)	9.6

Facilities

Beds	583
Bassinets	57
Clinics	67

People

Total Employees	2,303
Full time	2,181
Part time	122
Attending Physicians	400
House Staff	154
Volunteers	558

Administration

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